EX1

MEDICAL - CONFIDENTIAL

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Petroleum Development Oman
MEDICAL DEPARTMENT

INITIAL EXAMINATION REPORT

Surname	MOHAMMED AL SABHI
Forenames	WAIL NASSER
Address	
Home Telephone Number	91979789

Place of examination: BADR AL SAMAA HOSPITAL AL KHOUD BRANCH
Date:- 24 / 12 / 2019

If a dependant or partner enter employee's name here:-
Surname: Forenames:

Birth date 19 / 08 / 1998	Nationality OMANI	Country of birth OMAN	Religion ISLAM

[✓] Male [✓] Single [ ] Widow (er)
[ ] Female [ ] Married [ ] Divorced/ Separated

Relationship to employee: [ ] Wife [ ] Son [ ] Daughter [ ] Fiancee

Number of Children

Reason for examination [ ] Pre-employment Job:-
[ ] Pre-overseas Area:-

Name and address of family doctor	List your last 3 jobs
	(1)
	(2)
	(3)

Are you a Registered Disabled Person? (UK only) [ ] Do you belong to any Medical Insurance Scheme? [ ]

DO YOU HAVE OR HAVE YOU HAD:- (Tick "Yes" or "No" column or put a (?) if uncertain exclude minor ailments.)

	Y	N		Y	N		Y	N
1. Sinus trouble		✓	22. Heart Disease		✓	42. Awarded benefits for industrial injury/illness		✓
2. Neck swelling/glands		✓	23. Rheumatic fever		✓			
3. Difficulty in vision		✓	24. Abnormal heartbeat		✓	43. Treated for a mental condition, eg depression		✓
4. Any ear discharge		✓	25. High blood pressure		✓			
5. Asthma/bronchitis		✓	26. Stroke		✓	44. Treated for problem drinking or drug abuse		✓
6. Hayfever/other allergy		✓	27. Serious chest pain		✓			
7. Any skin trouble		✓	28. Any blood disease		✓	45. Exposed to toxic substance or noise		✓
8. Tuberculosis		✓	29. Kidney disease		✓			
9. Shortness of breath		✓	30. Painful passage of urine		✓	**FOR WOMEN ONLY**		
10. Coughed/vomited blood		✓	31. Blood in urine		✓	Have you ever had:-		
11. Severe abdominal pain		✓	32. Diabetes		✓	46. An abnormal smear		
12. Stomach ulcer		✓	33. Headaches/migraine		✓	47. Any gynaecological Treatment		
13. Recurrent indigestion		✓	34. Dizziness/fainting		✓			
14. Jaundice or hepatitis		✓	35. Epilepsy		✓	48. Are you pregnant?		
15. Gall Bladder disease		✓	36. Joints/spinal trouble		✓	49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
16. Marked change in bowel habits		✓	37. Surgical operation		✓			
			38. Serious accident/fracture		✓			
17. Blood in stools (motions)		✓	39. Tropical disease		✓			
18. Marked change in weight		✓	40. Fear of heights		✓			
19. Varicose veins		✓	**HAVE YOU EVER BEEN:-**					
20. Lump in breast/armpit		✓	41. Rejected for employment or insurance for medical reasons		✓			
21. Cancer		✓						

How much tobacco each day? ✓ Average daily alcohol consumption

FAMILY HISTORY Diabetes [ ] Tuberculosis [ ] Epilepsy [ ] Asthma [ ] Eczema [ ]
Heart disease[ ] High blood pressure [ ] Stroke [ ] Cancer [ ] Blood Disease [ ]

PLEASE READ THE FOLLOWING STATEMENT AND IF YOU AGREE KINDLY SIGN IT:-

I declare these statements to be true to the best of my knowledge and belief and I agree that the result of this medical examination in general terms may be revealed to the Company if required, and the details sent to my own doctor if this is considered necessary by the examining medical officer.

Date: 17.11.2019 Signature of applicant:

FOR COMPLETION BY EXAMINING DOCTOR OR SISTER
Further details of medical history and recreational activities

N = Normal A = Abnormal (please describe)			PHYSICAL EXAMINATION
N	A		
✓		1. Eyes & Pupils	REPORTS ATTACHED
✓		2. E.N.T.	REPORTS ATTACHED
✓		3. Teeth & Mouth	
✓		4. Lungs & Chest	
✓		5. Cardiovascular System	
✓		6. Abdo. Viscera	
✓		7. Hernial Orifices	
✓		8. Anus & Rectum	
✓		9. Genito-urinary	
✓		10. Extremities	
✓		11. Musculo-skeletal	
✓		12.Skin & Varicose Vns	
✓		13.C.N.S.	
✓		14.Breasts	

HEIGHT	WEIGHT	B.P.	PULSE	HEARING	VISION	DISTANT R	DISTANT L	NEAR R	NEAR L	COLOUR VISION	BLOOD GROUP
cm 172	kg 103	120/80 mmHG	64/Mints	L 15dBHL R13.3dBHL	Uncorrected	6/6	6/6	N6	N6	PRESENT	
					Corrected						

N	A		LABORATORY AND SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis		✓		6. Audiogram
✓		2. Hb Blood count ESR	N/A			7. Lung Function
✓		3. Serum Profile		✓		8. Chest X-Ray
		4. Stool	N/A N/A			9. Drug Screen
✓		5. E.C.G.	N/A			10. CR Screen = Country Request (e.g. H.I.V.)

OTHER FINDINGS (Physique, scars, disabilities, mental stability etc.)

ASSESSMENT

☑ FIT ALL AREAS ☐ FIT HOME SERVICE ONLY ☐ UNFIT/UNSUITABLE ☐ MAY BE REASSESSED

24.12.2019 Date | Signature | DR ATMA S RAJ Name (Block Capitals) | Doctor/Sister

Dr. ATMA S RAJ
MBBS MD
INTERNAL MEDICINE
MOH Lic No.: 17995

REVIEW/CONSULTATION

Date | Signature | Name (Block Capitals) | Doctor/Sister

BADR Al-Khoud C.R. No. 1693808 BADR AL-SAMAA HOSPITAL